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ROBERT L. OKIN, M.D.
Commissioner

The Commonwealth of Massachusetts

Department of Mental Health

190 PORTLAND STREET, BOSTON, MASS 02114

January 1, 1978

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MEMORANDUM

~~The~~ departmental policy regarding seclusion/restraint.

TO: Regional Services Administrators, Area Directors, Superintendents, Unit Directors, State Advisory Committees, Regional Council Presidents, Area Board Presidents, Boards of Trustees.

FROM: Robert L. Okin, M.D.
Commissioner

Robert L. Okin, M.D.

RE: Seclusion/Restraint Policy

Because the Department of Mental Health has long been concerned with the major issues around the use of seclusion and restraint, a special project was commissioned early last summer to assess the situation currently existing and to present the implications and recommendations around these issues. At various phases in the project, state-wide meetings were held to discuss the results of the research and to gain feedback. The resulting outcomes therefore represent a synthesis of input from the continuing dialogue between clinicians and personnel in the field as well as in the Central Office.

Our expectation is that the changes implied here will greatly aid in both the quality of direct client care as well as in the provision of a sound and comprehensive information system from which it may be possible to further intelligent decision-making at all levels. Please be advised that the requisite forms will be used for six months, after which time we will again confer on a state-wide basis to assess their functioning. At that time additional alternatives may be incorporated into the system.

Questions or clarification on the substantive issues will be handled through the Office of Quality Assurance (727-5859), which will also be conducting the distribution and training required for use of the new forms.

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DEPARTMENTAL POLICY REGARDING SECLUSION/RESTRAINT

January 1, 1978

As of January 1, 1978 Departmental policy regarding seclusion and restraint will include the following points.

1. The indications for seclusion/restraint procedures during emergency situations are now defined as:

- Substantial Risk of Serious Self-Destructive Behavior
- Occurrence of Serious Self-Destructive Behavior
- Substantial Risk of Serious Physical Assault
- Occurrence of Serious Physical Assault

'Substantial Risk' shall be interpreted to include only the serious, imminent threat of bodily harm, where there is the present ability to enact such harm.

'Self-Destructive Behavior' shall be interpreted to include not only overt behaviors such as suicide attempts with dangerous weapons, the repeated biting of one's own flesh, or severe head-banging, but also acts such as the serious attempts of agitated persons to remove stitches, casts, bandages; to engage in prolonged coprophagia; or to resist immobilization after a difficult surgery when a state of physical rest is indicated but appropriate medications are contraindicated. This category also pertains to those medically endangered, extremely hyper-active or otherwise dependent persons who must be contained for metabolic reasons.

2. Drawing upon the authority contained within General Laws Chapter 23, Section 21, chemical restraint shall be defined as the administration of one or more pharmacological agents during emergency situations involving either substantial risk of serious self-destructive behavior, occurrence of serious self-destructive behavior, substantial risk of serious physical assault, or occurrence of serious physical assault. This definition involves those situations in which a client is given medication against his/her will, as well as those situations in which a client gives consent for the medication, within the situations described above.



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3. Mechanical restraint shall mean those devices which are designed to interfere with free (voluntary) movement during emergency situations involving either substantial risk of serious self-destructive behavior, occurrence of serious self-destructive behavior, substantial risk of serious physical assault, or occurrence of serious physical assault. Examples include anklets, wristlets, muffs, mitts, waist straps, head straps, and crib-nets. These devices must guarantee safety at all times. Locked devices are not permitted as restraint.

As per DMH Regulation S223.03, do not report as restraint those devices

"... which include orthopedically prescribed appliances, surgical dressings and bandages when used for injury or physical disability, protective helmets or supportive body bands when such devices are used for patients or residents who are unable to control voluntary movements and for whom the support is needed in order to insure the safety of such physically incapacitated persons (e.g. to prevent paraplegics from falling from chairs)."

4. Seclusion is defined as the retention of an individual alone in a locked room. This procedure shall not be employed in MR facilities.

5. For MR and MH clients, the Individual Service Plan or treatment program should authorize whenever possible the least restrictive means of restraint to be used in emergency situations.

6. In MR facilities, when the Individual Service Plan does address issues of restraint, then the procedures for approving aversive and deprivation techniques must be followed, or approval obtained from the Committee overseeing restraint.

7. For verbal, non-verbal, and verbally limited MH and MR clients alike, documentation must substantiate the behavioral symptoms which have been clinically established as reliable precursors of assaultive or self-destructive episodes. These are to be documented in the space allotted on Form A-32-77, 'Describe Emergency Situation and Behavioral Precursors.' This space should also include a description of any less restrictive alternatives that were utilized before the seclusion or restraint.



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3.

8. Only the superintendent, director, or his/her designated physician may order seclusion or mechanical restraint. Only a physician may order the use of a chemical restraint. For mental health facilities, such orders are valid for no longer than eight hours. For mental retardation facilities, such orders are valid for no longer than four hours. For community residential programs, the head of the program may appoint a designee for the purpose of authorization during the hours of 10 p.m. and 8 a.m.

9. The validity of an order for seclusion or mechanical restraint is considered terminated upon the client's release from the initial seclusion or mechanical restraint, except in the following cases:

- 1) when said release is intended as that temporary relief prescribed 'every two hours, except 8 p.m. to 8 a.m., when interval shall be no more than every four hours';
- 2) when the release is only for purposes of providing nourishment, grooming, toileting, or movement;
- 3) or when the release is for no longer than a one-hour period reflecting a clinical judgment that the client will benefit from such a release.

Any subsequent discrete seclusion or mechanical restraint therefore requires another order.

Each discrete administration of a chemical restraint requires a separate order.

10. Relief periods for secluded or mechanically restrained persons must occur at least 10 minutes of every 2 hours. The staff person responsible for such relief fills in the times, signs his/her name, and briefly describes the client's current condition in the section 'Relief Period' on Form A-32-77. The staff person administering the chemical restraint uses the subsection, 'Client's Condition', to document the effects of the pharmacological agent after a clinically appropriate length of time. (Obviously no relief periods are required for chemical restraint alone.)

11. Secluded or mechanically restrained persons shall be checked at least every 15 minutes. The staff person performing the check must



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4.

fill in the time and initial the appropriate box under the section marked 'Safety Checks' on Form A-32-77.

12. Each facility will submit to Quality Assurance the monthly lists of secluded and mechanically restrained persons (Form 77-77-1) as well as the monthly totals of seclusion and mechanical restraint, as circumscribed on the attached sample worksheet (Form 77-77-3). This information will be signed off by the Unit Director, Superintendent, Area Director, and Regional Services Administrator in the appropriate spaces on the back of the worksheet. Quality Assurance must receive this information within 31 days after the last day of the relevant month (i.e. February's data must be received by March 31).

Each facility will submit the monthly lists of chemically restrained persons on Form 77-7-2 within the same time limits stated above.

Each facility will maintain unit-by-unit figures on the use of seclusion and mechanical restraint. Individual facilities are encouraged to perform more elaborate breakdowns (i.e. shift analyses) for internal purposes.

13. Facilities under the jurisdiction of the Department of Mental Health will perform one annual utilization review around seclusion and restraint issues.

14. All records relating to seclusion and restraint shall be maintained in a manner so as to facilitate review.

RESTRAINT & SECLUSION ORDER
DMH Form A-32-77

Each discrete restraint or seclusion requires a separate order. All personnel involved with restraint/seclusion must be familiar with Side Two of this form.

Client's Name

Facility

Unit/Bldg.

Date

DESCRIBE EMERGENCY SITUATION AND BEHAVIORAL PRECURSORS

CATEGORIZE EMERGENCY SITUATION (Check one)

Substantial Risk of Serious Physical Assault ☐

Occurrence of Serious Physical Assault ☐

Substantial Risk of Serious Self-Destructive Behavior ☐

Occurrence of Serious Self-Destructive Behavior ☐

TECHNIQUE USED (Check one)

Locked Door Seclusion ☐

(Not applicable for MR)

Mechanical Restraint ☐

Type _____

Chemical Restraint ☐

Medication _____

Dosage _____

Route _____

Special Instructions, if applicable

Total Time in Seclusion or Mechanical

Restraint: _____ hr. _____ min.

Was this technique in the client's treatment program or Individual Service Plan? _____ FOR MR ONLY: If so, were the procedures for approving aversive and deprivation techniques followed? _____ Need Ltr/#: _____

Ordering Clinician's Signature

Time Seen, if applicable

Responsible Nurse's Signature

RELIEF PERIODS (at least 10 minutes every two hours)
FOR SECLUSION OR MECHANICAL RESTRAINT

SAFETY CHECKS (at least every 15 minutes)

Time	Init.	Time	Init.	Time	Init.	Time	Init.
from _____ to _____	Client's Condition						
_____ time _____ time	signature						
from _____ to _____	Client's Condition						
_____ signature							
from _____ to _____	Client's Condition						
_____ signature							
from _____ to _____	Client's Condition						
_____ signature							

SUBSTANTIAL RISK shall be interpreted to include only the serious, imminent threat of bodily harm, where there is the present ability to enact such harm.

SELF-DESTRUCTIVE BEHAVIOR shall be interpreted to include not only overt behaviors such as suicide attempts with dangerous weapons, the repeated biting of one's own flesh, or severe head-banging, but also the serious attempts of agitated persons to remove stitches, casts, bandages; to engage in prolonged coprophagia; or to resist general immobilization after a difficult surgery when a state of physical rest is indicated but appropriate medications are contraindicated. This category also applies to those medically endangered extremely hyperactive or otherwise dependent persons who must be contained for metabolic reasons.

CHEMICAL RESTRAINT shall be defined as the administration of one or more pharmacological agents during emergency situations involving either substantial risk of serious physical assault, occurrence of serious physical assault, substantial risk of serious self-destructive behavior, or occurrence of serious self-destructive behavior. This definition involves both situations in which a client receives medication against his/her will as well as those in which the client gives consent for such medication.

MECHANICAL RESTRAINT shall mean those devices which are designed to interfere with free (voluntary) movement during emergency situations involving substantial risk of serious physical assault, occurrence of serious physical assault, substantial risk of serious self-destructive behavior, or occurrence of serious self-destructive behavior. Examples are anklets, wristlets, muffs, mitts, waist or head straps, and crib-nets. These must guarantee safety at all times. Locked devices are not permitted. Do not report as restraint surgical dressings and bandages, helmets or other appliances prescribed for medical reasons.

VALIDITY OF ORDERS: Only the superintendent or his/her designated physician may order seclusion or mechanical restraint. Only a physician may order the use of a chemical restraint. For mental health facilities, orders are valid for no more than eight hours. For mental retardation facilities, orders are valid for no more than four hours.

TERMINATION OF ORDERS: An order for seclusion or mechanical restraint shall be considered terminated upon the client's release from the initial seclusion or mechanical restraint, except in the following cases: when the release is intended as that temporary relief prescribed 'every two hours, except 8 p.m. to 8 a.m., when interval shall be no more than every four hours'; when the release is only for purposes of providing nourishment, grooming, toileting, or movement; or when the release is for no longer than a one hour period reflecting a clinical judgment that the client will benefit from such a release. Any subsequent discrete seclusion or mechanical restraint therefore requires another order. Each discrete administration of a pharmacological agent requires a separate order.

DESCRIBE EMERGENCY SITUATION AND BEHAVIORAL PRECURSORS: For verbal, non-verbal and verbally limited clients alike, documentation must substantiate the behavioral symptoms which are clinically established as reliable precursors of the assaultive or self-destructive behavior indicating the restraint or seclusion. Include in this space a description of less restrictive alternatives utilized before the seclusion or restraint.

ALL ORDERS AND RECORDS RELATING TO RESTRAINT AND SECLUSION SHALL BE KEPT AS PERMANENT RECORDS AND MAINTAINED IN A MANNER AS TO FACILITATE REVIEW.

WORKSHEET FOR MONTHLY REPORTING OF SECLUSION AND MECHANICAL RESTRAINT

Month _____ Year _____ Facility _____

Census Day 1	_____	Line 1
2	_____	Line 2
3	_____	Line 3
4	_____	Line 4
5	_____	Line 5
6	_____	Line 6
7	_____	Line 7
8	_____	Line 8
9	_____	Line 9
10	_____	Line 10
11	_____	Line 11
12	_____	Line 12
13	_____	Line 13
14	_____	Line 14
15	_____	Line 15
16	_____	Line 16
17	_____	Line 17
18	_____	Line 18
19	_____	Line 19
20	_____	Line 20
21	_____	Line 21
22	_____	Line 22
23	_____	Line 23
24	_____	Line 24
25	_____	Line 25
26	_____	Line 26
27	_____	Line 27
28	_____	Line 28
29	_____	Line 29
30	_____	Line 30
31	_____	Line 31

Total
(add Lines 1 through 31) _____ Line 32

of Days This Month _____ Line 33

AVERAGE DAILY CENSUS
(Line 32 by Line 33) _____ Line 34

(OVER)

Total # of Hours of
Mechanical Restraint

Line 35

Total # of Hours of
Seclusion

Line 36

TOTAL NUMBER OF HOURS OF
MECHANICAL RESTRAINT & SECLUSION
(sum Lines 35 and 36)

Line 37

Enter Line 37 here:

Line 38

Enter Line 34 here:

Line 39

Divide Line 37 by Line 34
and enter here (carry to 4 decimal points):

Line 40

Enter Line 40 from last month's worksheet here:

Line 41

OBTAIN THE FOLLOWING SIGNATURES BEFORE SUBMITTING TO
THE OFFICE OF QUALITY ASSURANCE:

Unit Director

Superintendent

Area Director

Regional Services Administrator

ROSTER OF CHEMICALLY RESTRAINED PERSONS

Facility _____ Unit _____

Month of _____ 19____

[illegible]

KEY: In 'Route', mark either 1M or PO. In 'Indication', mark either 1 (Substantial Risk of Serious Physical Assault), 2 (Occurrence of Serious Physical Assault), 3 (Substantial Risk of Serious Self-Destructive Behavior), or 4 (Occurrence of Serious Self-Destructive Behavior).

ROSTER OF SECLUDED OR
MECHANICALLY RESTRAINED PERSONS

Facility _____ Unit _____

Month of _____ 19____

Client's Name	Total Hours	Total # of Occasions	Type (#)	Indication (#)	Ordering Clinician(s)
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Key: In 'Type', mark either 1 (seclusion) or 2 (mechanical restraint). In 'Indication', mark either 1 (Substantial Risk of Serious Physical Assault), 2 (Occurrence of Serious Physical Assault), 3 (Substantial Risk of Serious Self-Destructive Behavior), or 4 (Occurrence of Serious Self-Destructive Behavior).

